

Referral Date: _____ Member Name: _____ Member ID#: _____

DOB: _____ Member Phone #: _____ (home) _____ (cell)

Member's Preferred Language: _____ **Please check here** to confirm member eligibility was verified

REFERRAL SOURCE:

Hospital PCP Behavioral Health Provider Specialty Provider Community Partner

Referring Provider: _____

Submitted by: _____ **Contact Phone #:** _____

Facility/Clinic _____ **Fax #** _____

Email address for confirmation of referral outcome: _____

Requested Referral

Referral for Care Management: Local behavioral health care coordination services to: link members to mental health providers, support transition between levels of care (Carelon to County or visa versa), engage members with history of non-compliance and/or link them to community support services (food, shelter, transportation), and assist with coordination between multiple agencies.

Fax referral form to: 855-371-8113 OR secure email: MC_SFHP@carelonbehavioralhealth.com

Request Reason (check all that apply):

Symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Abuse/CPS |
| <input type="checkbox"/> Poor self-care due to mental health | <input type="checkbox"/> Perinatal depression and/or anxiety |
| <input type="checkbox"/> Psychosis (auditory/visual hallucinations, delusional) | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> PTSD/Trauma | <input type="checkbox"/> Homicidal Ideation |
| <input type="checkbox"/> Violence/Aggressive Behavior | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Substance use type: _____ | |
| <input type="checkbox"/> Other BH symptoms: _____ | |

Impairments:

- | | |
|--|---|
| <input type="checkbox"/> Difficult/Unable to complete ADLs | <input type="checkbox"/> Difficulties maintaining relationships |
| <input type="checkbox"/> Difficult/Unable to go to work/school | <input type="checkbox"/> Legal/CPS |
| <input type="checkbox"/> Other: _____ | |

Medications (list below or send medication list with this form):

